

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17	1					
18	1					
19	1					
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	17					
TOTAL CLAIMS	70					

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						